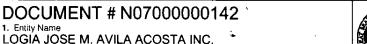
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT





FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90047 019 ****61.25

| | OSE M. AVILA ACOSTA IN | C. * | | | | | | |
|---|--|--|---|---|----------------------------------|---------------------------|---|-----------------------------|
| Principal Place of Business 1883 SW 1ST STREET MIAMI, FL 33135 | | Mailing Address 1883 SW 1ST STREET MIAMI, FL 33135 | | | 40007558 | | | |
| 2. Principal F | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01102007 Chg-NP CR2E037 (12/06) | | | |
| City & State 2 | | City & State | City & State | | 4. FELNumber 20 - 40 | 73384 | ⊢ | oplied For ot Applicable |
| Zip | Country | Zìp | Country | | 5. Certificate of St | atus Desired | S8.75 Add Fee Require | |
| 64 Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | | |
| ALBELO, AMADO J 1883 SW 1ST STREET MIAMI, FL 33135 | | | Name Street A | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | 4. s | | City | City FL Zip Code | | | | |
| the obligation | Final ed entity submits this statement for tions of registered agent. Signature, typed or printed name or registered agen | | IS registered office o | | | the State of Florid | DATE | and accept |
| Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Trust Fund Contribu | | | | | \$5.00 May Be Added to Fees | | e check payable to a Department of S | |
| 10. | OFFICERS AND D | RECTORS | 11. | | ADDITIONS/CHANG | ES TO OFFICERS | AND DIRECTORS IN | I 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALBELO, AMADO J 1380 NW 24 AVENUE #205 MIAMI, FL 33125 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DIAZ, JOSE 2910 SW 19 TERRACE MIAMI, FL 33145 | ⊠ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PINT 700 HIA | TADO, RAU I W.35 A KEAH FL | 16 A. VE #120 33019 | ☐ Change | ⊠ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GOMEZ, LUIS F 9700 HAMMOCKS BLVD. #101 MIAMI, FL 33196 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Change | ☐ Addition |

of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other files empowered.

SIGNATURE:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR